

~~SECRET~~TAB ADRAFTSUMMARY REPORT FORM
(Biographical Data)

Classification: _____

Place _____

Date _____

NAME _____ TITLE (if any) _____

ALIAS OR VARIANTS _____ NATIONALITY _____

ADDRESS _____ OCCUPATION _____

DATE & PLACE OF BIRTH _____ PRESENT POSITION _____

PARTY AFFILIATION _____ TYPE OF ACTIVITY _____

REPORTING AGENCY _____ DEPT. OF PRIMARY INTEREST _____

COMPLETE FILE MAINTAINED BY _____ DOSSIER MAINTAINED _____
(Dept) (Yes or No)

CIG Dir. # _____